### COMBINED DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I/We hereby declare that:

My residence, post office address and citizenship are as stated near my name below.

I believe I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed and for which a patent is sought in the invention entitled:

## CONTROL CARTRIDGE AND CONTROL HANDLE INCLUDING SAME

which is described and claimed in the specification of which:					
(check one)					
is a	attached hereto.				
was	s filed on	, as Uni	ted States Application		
Serial No, Attorney Docket No. DP-311159, and (if applicable) was amended on					
I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to in this Declaration.					
I acknowledge my duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.					
I hereby claim priority benefits under Title 35, United States Code, §119(a)-(e) or 35 USC §120 of any application(s) for patent or inventor's certificate or of any PCT application(s):					
COUNTRY (OR INDIC IF PCT)	_	APPLICATION NUMBER	DATE OF FILING (month, day, year)		
US PCT		60/513,644 PCT/US04/035017	October 23, 2003 October 22, 2004		

I hereby declare that all statements made above of my own knowledge are true, that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I/We hereby appoint the following attorneys and/or agent(s) with the Customer Number provide below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith with full power of substitution, association and revocation.

#### **CUSTOMER NUMBER 22851**

ADDRESS ALL CORRESPONDENCE TO:		ADDRESS ALL TELEPHONE CALLS TO:	
DAVID P. WOOD DELPHI TECHNOL CUSTOMER NUME Legal Staff P.O. Box 5052 Mail Code: 480-410- Troy, MI 48007-5052	BER 22851 202	DAVID P. WOOD  Telephone: (248) 813-1202	
Inventor's signature			
Full name: Residence: Post office address:	MICHAEL C. BRANDL Grayslake, IL 461 Jennifer Lane Grayslake, IL 60030	Citizenship: US	
Inventor's signature		Date:	
Full name: Residence: Post office address:	RICHARD C BARTHEL Libertyville, IL 33030 N. River Road Libertyville, IL 60048	Citizenship: US	
Inventor's signature		Date:	
Full name: Residence: Post office address:	ANTHONY J. NOVELLE Glen Ellyn, IL 120 Newton Avenue Glen Ellyn, IL 60137	Citizenship: US	

# **PCT**

## GENERAL POWER OF ATTORNEY

(for several international applications filed under the Patent Cooperation Treaty)

(PCT Rule 90.5)

The undersigned person(s): (Family name followed by given name; for a legal entity, full of	official designation	n. The address must include postal code and name of country.)				
Delphi Technologies, Inc. Legal Staff M/C 480-410-202 Post Office Box 5052 Troy, Michigan 48007-5052 United States of America						
hereby appoint(s) the following person as:	agent	common representative				
Name and address (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)						
David P. Wood Delphi Technologies, Inc. Legal Staff M/C 480-410-202 Post Office Box 5052 Troy, Michigan 48007-5052 United States of America						
to represent the undersigned before	all the co	ompetent International Authorities				
	the Inter	national Searching Authority only				
	the Inter	national Preliminary Examining Authority only				
in connection with any and all international applications filed by the undersigned with the following Office						
United States Patent & Trademark Office as receiving Office and to make or receive payments on behalf of the undersigned.						
Signature(s) (where there are several persons, each of them must sign; next to each signature, indicate the name of the persons signs, if such capacity is not obvious from reading this power):						
Patrick M. Griffin, Assistant Secretary						
•		•				
Date: <u>10-89-03</u>	<del></del>					